



AMENDMENT TRANSMITTAL LETTER				DOCKET NUMBER: 66778-126 (P-UC 5016)	
SERIAL NO: 10/016,481	FILING DATE: November 1, 2001	EXAMINER: D. Jiang	GROUP ART UNIT:1646		
INVENTION: PROKINETICIN POLYPEPTIDES, RELATED COMPOSITIONS AND METHODS					

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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37 C.P.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
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P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

Carrie Hines
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

Carrie Hines
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to a Communication mailed April 16, 2003, in the above-identified application, with attached Exhibits A through E.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	94	-	94	-	0	x \$9	\$18
INDEPENDENT CLAIMS	9	-	9	-	0	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	X NO		\$140	\$280	= \$0.00
						TOTAL ADDITIONAL FEE	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

RECEIVED
MAY 15 2003
TECH CENTER 1600/2900

Inventors: Zhou and Ehlert
Serial No.: 10/016,481
Filed: November 1, 2001
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- Please charge my Deposit Account No. 502624 the amount of \$_____. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$_____ is enclosed, \$_____ of which covers the fee for a _____-month extension of time.
- The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


Pamela M. Guy
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858-535-9001